

**College and University Section of the Nebraska Library Association
PROFESSIONAL DEVELOPMENT GRANT APPLICATION**

Purpose: To attend professional meetings.

Name:

Place of Employment:

Name of Institution:

Address:

City/State/ZIP:

Phone Number:

Email:

MLS – Date of Graduation:

C&U Member Since:

Professional Meeting to Attend:

Professional Meeting Sponsor:

Destination/Location of Meeting:

Dates of Meeting/Travel:

Explain the purpose of the meeting:

Extent of participation:

Benefit to your profession/career: (How will this professional development opportunity enhance or benefit your current position, institution, and or career? What measurable outcome(s) do you anticipate?)

Estimated Expenses:

1. Air transportation:
2. Ground transportation:
3. Mileage:
4. Registration/Fees:
5. Lodging:
6. Meals:
7. Other:
- 8. Total:**

Minus Institutional:

Other Funding:

Total:

Please be sure to read and sign the Terms of the Professional Development Grant.

Applicant Signature: _____

Date: ____/____/____

Send application to:

Billie Cotterman
Head of Electronic Resources and Access Services
Nebraska Wesleyan University
Cochrane-Woods Library
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Lincoln, NE 68504
402-465-2402
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